PART B-FEE(S) TRANSMITTAL

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s indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate TEE ADDRESS or maintenance fee notifications.							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		ÆD INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO. MFA-20302/04 4098		
10/574,632	04/05/2006	John	ann Hipp	MFA	MFA-20302/04 4098		
TITLE OF INVENTION: DISTANCE MEASUREMENT							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION	FEE TOTAL F	EE(S) DUE	DATE DUE	
Non-Provisional	yes	\$755.00	\$300.00)55.00		
EXAM		ART UNIT	CLASS-SUBCL	ASS			
Not Yet Assigned		3662	662 356-005.010				
I. Change of correspond Address" (37 CFR 1.36	(1) the notes of attorneys of	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member 2					
Correspondence "Fee Address" in form PTO/SB/4" Use of a Custor	ss" Indication a registere up to 2 registere la tuched.	a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Triple-IN Holding AG Zug, Switzerland							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
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X Issue Fee							
x Publication Fee (No small entity discount permitted) x Payment by credit card, Form PTO-2038 is attached.							
Advance Order # of Copies X The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 07-1180							
5. Change in Entity S	tatus (from status indica	ted above)					
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